



## 2011 Mobile Food Unit Plan Review and Permitting Guide

Preparing to open a new or remodeled mobile food unit requires careful planning, then approval of those plans by Public Health – Seattle & King County (Public Health) before you begin to build the unit. Public Health is one of several agencies from which you will need to get a permit before your mobile business can open.

This guide includes:

- A checklist of all the forms and permits that need to be completed and approved before you can open for business
- All the necessary forms that must be completed and turned into Public Health for review and approval.
- A glossary of word definitions that the guides uses and are important to understand as you develops your plan. This glossary can be found following the Overview section of the Guide.
- Our contact information is at the bottom of page 2. Please contact us if you still have questions after reviewing the guide or working with the forms.

### The Plan Review Application Process

Public Health's plan approval process requires you to complete the plans and application package, give it to Public Health to review and approve. Getting the permit will be delayed if the application package is not complete or the plans for your unit need to be changed. Appendix "A" offers a detailed checklist to help you organize a complete set of plans for our review. Your completed plan review application package must include:

1. A completed Plan Review Application (Appendix "B")
2. Two (2) sets of your mobile food unit plans
3. A Commissary Use Agreement Form (Appendix "C")
4. A completed Food Preparation Flow Chart (Appendix "D")
5. A completed Use of Restroom Agreement (Appendix "E")
6. A completed Site or Route Information Form (Appendix "F")
7. A detailed menu
8. A description of your business operations plan
9. The correct plan review fee – see Appendix "B" for the fee schedule

Appendix "G" has the general requirements for your mobile unit.

All the forms for this guide can be found at [www.kingcounty.gov/healthservices/health/ehs/foodsafety.aspx](http://www.kingcounty.gov/healthservices/health/ehs/foodsafety.aspx).

Following is the Public Health process after you turn in your plan review application package:

1. Public Health plan reviewers will look through the packet to make sure that it is complete.
2. If the plan review application is complete, it will be examined carefully by a plan reviewer. Applications are reviewed on a first come first served basis. It takes about 14 days before a new application reaches the plan reviewer. The plan reviewer will let you know by email or US mail whether your plan was approved or not. **If your plans are not approved**, the plan reviewer will let you know exactly what needs to be done to do it correctly. After you've made the corrections, you will turn your application in to be re-considered for approval.

**When your plans are approved, you need to apply for two permits (Appendix "H"):**

1. The first required permit is to operate your Mobile Food Unit as a Food Service Establishment.
2. The second required permit is for the commissary, which you identified on the Commissary Use Agreement Form.
3. When you have paid for your permits and are ready to open for business, **call our office at 206-296-4632 and schedule a pre-opening inspection before you can serve food to the public.** Our inspectors schedule pre-opening inspections on a first come first served basis.

**Additional permits:**

**In addition to the Public Health plan review and permitting requirements, there may be other permits you are required to have before opening for business**

Local building officials may require that you apply for a “land use” permit for the site you want to do business on. Contact the city or jurisdiction where you want to place your mobile unit. For more information about mobile food vending in the **City of Seattle** right-of-way please contact: the Street Use Division, Annual Permits, (206) 684-5267 or [AnnualPermits@Seattle.gov](mailto:AnnualPermits@Seattle.gov) .

Fire Department approval and permit is required if you will be using liquid propane, charcoal, wood or oil frying equipment.

Washington State Department of Labor and Industries (L & I) requires a sticker for occupied vehicles (commercial coaches)

Business licenses are required (state and local jurisdiction)

If you have any questions about the plan review process, please visit our website at:

<http://www.kingcounty.gov/healthservices/health/ehs/foodsafety.aspx> or contact our office at 206-296-4632.

### **Glossary of Mobile Food Unit Terminology**

**“Cart”** means a Mobile Food Unit that can be pushed by a single person to move between locations..

**“Commissary”** is an approved food establishment where food is stored, prepared, put into portions or packaged to be served somewhere else.

**“Limited Food Service”** means a food establishment with a limited menu in a building without permanent plumbing.

**“Menu”** means the types of foods that will be served and how they are prepared.

**“Mobile Food Unit”** – means a food service that can be easily moved from one location to another, such as a cart, trailer, or truck.

**“Occupied Mobile Food Unit”** means a Mobile Food Unit where the workers will be inside of the unit, such as an enclosed truck or trailer.

**“Plan Review”** is the careful review of the proposed mobile food unit design, equipment, and menu by the health department to assure food items will be safely stored, prepared and served before the operating permit is granted. Reviewers will assure the mobile food unit is designed for food safety and that there is access to an approved commissary and bathroom. This guideline will help you prepare everything that you need to submit for a successful plan review.

Plan review is also required when changes are made to an existing mobile food unit, for example changes in ownership, commissary location, menu or physical design.

**“Unoccupied Mobile Food Unit”** means a Mobile Food Unit where the workers will be outside of the unit, such as a push cart or trailer.

# Appendix A

## Mobile food unit Plan application checklist

The following checklist will help you organize the necessary and **complete** set of plans for public health review. **Everything** on this list is required for the plan reviewer to accept the plans and begin the review process. Plans that are incomplete will not be accepted for review.

Your plan review package must be assembled in the following order.

- **1. Plan Review Application for a Mobile Food Service Unit** (Appendix “B” is the application)
- **2. Mobile Food Unit Design Information** (See Appendix “G” for information on operating a Mobile Food Unit.)
  - ☐ **Outside View:** Provide plans/drawings/photos of the mobile food unit. Include front, back and side views.
  - ☐ **Occupied Mobile Food Unit:** Provide scale drawings that include dimensions (*length, width*), of the interior layout showing all food service equipment locations (*hand wash sink, commercial refrigerator, cash register, soap & paper towel dispenser, three compartment sink, grill, oven, baked goods display, etc.*) Show all views including front, side, and elevations. State what the mobile surfaces, inside and out, are made of. Include the make and model number for each piece of equipment that will be installed. If the unit is already built, provide photographs of the inside, outside, all equipment, and the L & I sticker.



OR

- ☐ **Unoccupied Mobile Food Unit Layout:** Provide length, width and height, of the trailer or cart layout showing all food service equipment locations (*espresso machine, knock box, grinder, blender, hand wash sink, commercial refrigerator, cash register, soap & paper towel dispenser, hot dog cooker, condiment dispensers, grill, oven, baked goods display, etc.*)

**Note Movable Sidewalk Cart Size Restrictions:** The cart body size is limited to 3 feet by 6 feet and two (2) wing extensions not longer than 18 inches each. Local jurisdictions may require the cart dimensions to be smaller. Please check cart size restrictions with the jurisdiction where you want to sell your product before giving your plans to public health.



OR

- ☐ **Limited Food Service:** Provide detailed layout showing all food service equipment locations (*espresso machine, knock box, grinder, hot dog cooker, hand wash sink, commercial refrigerator, cash register, soap and paper towel dispensers, condiment dispensers, etc.*)

➤ **3. Water System**

- ☐ Provide detailed drawings of the water system showing the placement/location of all parts, including: fresh and waste water tanks, hot water heater, pump, tubing, waste connection, three compartment sink (if applicable) and hand wash sink
- ☐ Hand wash sink must have hot and cold or warm (100 - 110° Fahrenheit) running water, be easily accessible and large enough for food employees to wash both hands simultaneously, approximately 10 x 10 x 6 inches. The hand wash sink is required to have at least five (5) gallons of fresh water.
- ☐ Hot water heater must have an adjustable thermostat and hot water temperature for the hand wash sink at 100° Fahrenheit (F) or more.
- ☐ Fresh water tank and all tubing material must be Food-Grade approved. Fresh water tanks must be filled with water from an approved source. If water tanks are refilled by hoses, the hoses must be food grade. All hoses must have vacuum breakers to prevent contamination of the water supply.
- ☐ If the mobile has a three compartment sink the fresh water tank must be sized to meet the cleaning needs of the truck in addition to the 5 gallons required for hand washing.
- ☐ Waste water tank must hold at least fifteen (15) percent more than the freshwater tank.
- ☐ Waste connection: The connection to the waste water tank must be easy to connect/disconnect or permanent and must not leak.

*The waste water tank must be emptied or drained at the commissary, or an approved disposal site, **NEVER** on the street or ground or used to water plants. If RV dump sites are used for wastewater holding tank disposal, you must attach the facility site address and a letter of permission to your application packet.*

- ☐ A 3-compartment dishwashing sink is required on all Occupied Mobile Food Units. The dishwashing sink must have space on both sides for dishes and be supplied with hot and cold running water under pressure.
- ☐ If seating is provided a plumbed restroom must be available for customers within 200 feet of your unit.

➤ **4. Commissary Information**

- ☐ **Commissary Name:** Include the address, phone number(s) and name of the contact person.
- ☐ **Permission Letter** (if applicable): If you are using someone else's approved kitchen, then complete the "Use of Commissary Agreement" form (*Refer to **Appendix "C"***).



- ☐ **Commissary Plan:** Provide a plan drawing of the commissary layout showing which food service equipment, plumbing fixtures and storage areas you will be using. If the mobile food unit is to be stored there, then show where it will be placed on the drawings.

**5. Site/Itinerary Information** whenever you change your route or location submit Appendix "F".

- ☐ **Operating Site** – If the mobile food unit will be operating at only one site, indicate exactly where the mobile food unit will be located, including the address and a site map/drawing showing the mobile food unit in relation to the streets, buildings, restroom and commissary (if your commissary is within 200 feet).

***and/or***

**Multiple Sites** – if the mobile food unit will be operating at multiple sites or on a route, provide an itinerary showing each location, including the address and time of each stop.

- ☐ **Restroom Location(s)**: Provide a completed *"Use of Restroom Agreement"* form (refer to **Appendix "E"**) and a map showing the location of the restroom to the Mobile Food Unit.

➤ **6. Menu & Food Preparation Steps**

**Itemized Menu**: Provide a detailed list of all the foods and beverages you will be serving and note where you purchase your food supplies of any item that you have not made. Include all items like entrees, condiments, baked goods, iced drinks, syrups, etc. Note how the items are handled, packaged and/or displayed.

**Food Preparation**: Document all food preparation procedures. Include all steps in the preparation of each menu item noting whether the preparation occurs at the commissary or on the mobile food unit. Describe in detail how the food is prepared, when it is made, how it is packaged, how it is transported (hot/cold), etc. Fill out **Appendix "D"** to help summarize all the food processes that you will be using.

**Menu Change**: Include on the plans the following statement:

**"NO CHANGES WILL BE MADE WITHOUT PUBLIC HEALTH – SEATTLE & KING COUNTY APPROVAL"**

➤ **7. Operating Procedures**

- ☐ **Hours of Operation**: List the mobile food unit business hours and the preparation time(s) at the commissary.
- ☐ **Tank Maintenance**: Describe how and where fresh and waste water tanks will be filled, emptied or cleaned.
- ☐ **Setup & Takedown**: give an outline of your daily activities, to include preloading of the mobile food unit, transport to the site location, setup on site, closing procedures, storage of supplies, etc. Be specific. State the exact procedures that will be used at each sink (i.e. 3 compartment sink, mop sink.), in the commissary preparation of foods, for hand washing, etc.
- ☐ **Cleaning Schedule**: Provide the cleaning and sanitizing procedures you will use on the mobile food unit during business hours. Describe the cleaning procedures at the commissary.

**2011**
**Plan Review Application for a  
Mobile Food Service Unit**
**Operation Information**

(Please Print)

❖ Service Request

Operation Name (Doing Business As): \_\_\_\_\_  
 Mobile Unit Operating Location: ☐ Single Site ☐ Multiple Sites/Route (Include all locations with plan submittal.)  
 Single Site Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Scope (Briefly describe operation/menu style): \_\_\_\_\_  
 Former Name: \_\_\_\_\_ Unit Type: ☐ Cart ☐ Vehicle ☐ Trailer ☐ Movable Building  
 Required Information: WA License Plate # \_\_\_\_\_ VIN # \_\_\_\_\_ WA L & I Sticker # \_\_\_\_\_

❖ Plan Check N.O.S. # 2

**Plan Review Submittal Fee (Make checks payable to: "SKCDPH")**

☐ New Operation (\$764 + \$191/hr after 4 hours) (S602) ☐ Mobile changes (\$382 + \$191/hr after 2 hours) (S611)  
☐ Resubmitted Plan (\$191/hr) (S605) ☐ Cost of Service (\$191/hr) (H009)

**Ownership Information**

❖ Requestor

Are you the new owner? Yes ☐ No ☐  
 Name(s): First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_  
 Business Name (Corp, LLC, etc): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone No.'s \_\_\_\_\_  
 Fax (Optional): \_\_\_\_\_ Email (Optional): \_\_\_\_\_

**Applicant Information (If different from owner)**

❖ Plan Check

Contact Person (Applicant or Agent) Name(s): \_\_\_\_\_  
 First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_  
 Business Name (Corp, LLC, etc): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone No.'s \_\_\_\_\_  
 Fax (Optional): \_\_\_\_\_ Email (Optional): \_\_\_\_\_

**Commissary Information (Separate Commissary Permit is required for all mobiles.)** ❖ Property Information

Business Name: \_\_\_\_\_  
 Location/Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Commissary Owner/Contact Person: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Fax (Optional): \_\_\_\_\_ Email (Optional): \_\_\_\_\_ Sewage: ☐ Sewer ☐ Septic System

**Restroom Information (Must provide restroom availability letter for each stop that lasts longer than 1 hour)**

❖ SR Info Add Comment Sec.

Business Name: \_\_\_\_\_  
 Location/Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Business Owner/Contact Person: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Fax (Optional): \_\_\_\_\_ Email (Optional): \_\_\_\_\_ Sewage: ☐ Sewer ☐ Septic System

**❖ Office Use Only**

Date Submitted: \_\_\_\_\_ Risk Classification: \_\_\_\_\_ Service Request SR#: \_\_\_\_\_  
 Facility Account FA#: \_\_\_\_\_ Account Receivable AR#: \_\_\_\_\_ Invoice IN#: \_\_\_\_\_  
 Variance SR#: \_\_\_\_\_ Permit Record PR#: \_\_\_\_\_ DPD/DDES #: \_\_\_\_\_  
 Approval Date: \_\_\_\_\_ Review Time: \_\_\_\_\_ Reviewer: \_\_\_\_\_ Mobile Sticker # \_\_\_\_\_  
 Notes: \_\_\_\_\_

**PLAN REVIEW APPLICATION SUBMITTAL**

Downtown Seattle  
 401- 5<sup>th</sup> Avenue, Suite 1100  
 Seattle, WA 98104  
 (206) 296-4632

## Appendix C

### Use of Commissary Agreement

It is required that the operation of a Mobile Food Unit be based from an approved commissary kitchen or servicing area. A commissary kitchen use outside of King County will not be allowed. The commissary is an essential part of a mobile food unit's operation and must have facilities for supply storage, equipment cleaning, food preparation and other servicing activities. Minimum plumbing requirements for a commissary include a 3-compartment sink, a mop sink for dumping waste water, a hand wash sink and a restroom. An indirectly drained food preparation sink is required if you wash produce as part of your food preparation. Plan/Permit approval depends on thorough documentation of all of the activities you do at the commissary. Provide scale drawings of the commissary kitchen, show the food service equipment and storage to be used. **(All of these items must be addressed; incomplete plan submittals could delay approval.)** Indicate which of the following services will be used at the commissary:

- |  |   |
|--|---|
| <input type="checkbox"/> 3-Compartment Sink*                             | <input type="checkbox"/> Hand Wash Sink*                        |
| <input type="checkbox"/> Food Prep Sink                                  | <input type="checkbox"/> Commercial Refrigeration Space         |
| <input type="checkbox"/> Dry Storage Space                               | <input type="checkbox"/> Freezer Space                          |
| <input type="checkbox"/> Restroom Access*                                | <input type="checkbox"/> Ice Machine                            |
| <input type="checkbox"/> Key Accessibility to Commissary (If necessary)* | <input type="checkbox"/> Cooking Equipment                      |
| <input type="checkbox"/> Preparation Table/Equipment                     | <input type="checkbox"/> Mop Sink*                              |
| <input type="checkbox"/> Vehicle Storage Space                           | <input type="checkbox"/> Off Street Parking for trucks/trailers |
| <input type="checkbox"/> Other: _____                                    | <b>*Minimum Requirement</b>                                     |

**Commissary Information:** Name of Business: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Business Hours of Operation: \_\_\_\_\_  
Email: \_\_\_\_\_  
Do other mobile food cart/vehicle vendors use this kitchen as a commissary? ☐ Yes ☐ No If so, how many \_\_\_\_\_

**Mobile Unit/Vendor Information:** Name of Business: \_\_\_\_\_  
Owner/Operator: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Days/Time at Commissary: \_\_\_\_\_  
Email: \_\_\_\_\_

\_\_\_\_\_  
(Commissary Owner/Agent – Printed Name & Title)

\_\_\_\_\_  
(Mobile/Vendor – Printed Name & Title)

\_\_\_\_\_  
(Commissary Owner/Agent – Signature & Date)

\_\_\_\_\_  
(Mobile/Vendor – Signature & Date)

This agreement between the owner of the commissary and the owner/vendor of the mobile food unit operation signifies that both parties agree to the allowed use of the commissary as specified. **Note that this agreement is not transferable. Should there be a change in ownership of either the commissary or mobile food unit owners, or should there be any modification or cancellation of this agreement between parties, then the Public Health – Seattle & King County Mobile Food Service Operators Permit may be suspended.**

**For Office Use Only:**

Health Officer approval for use of commissary by the mobile food unit owner/vendor identified above:  
Health and Environmental Investigator:

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature)

## Appendix D

### Mobile Food Unit Food Preparation Flow Chart

List each menu item and check mark each food preparation step that will occur at the **commissary**:

FOOD	thaw	cut/ assemble	cook/ bake	cool	cold holding	reheat	hot holding	portion/ package	storage
Example: Clam Chowder		✓	✓	✓	✓				
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

List each menu item and check mark each food preparation step that will occur on the **mobile food unit**:

FOOD	cold holding	cook/ grill	reheat	hot holding	assemble	other
Example: Clam Chowder			✓	✓		
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

**NOTE:** If your preparation procedures cannot fit these charts, please list all of the steps in preparing each menu item on a separate sheet.



## Appendix E

### Use of Restroom Agreement

The Mobile Food Unit owner/operator must ensure that approved toilet facilities are available for employees. The restroom must be readily accessible within two hundred (200) feet of the food service during all times of operation and if at any one location for more than one hour.

The restroom must be provided with adequate hand washing facilities and be fully plumbed to city water and sewer (or to an approved septic system). Sanicans/Honey Buckets are not allowed. Running water at the hand wash sink must be 100°F or more. Thorough documentation of restroom accessibility is necessary for Plan/Permit approval. Provide documentation (map/site drawings) noting the route and exact location of the restroom. Indicate how many feet it is from the mobile food unit to the restroom. Restroom keys must be provided for employee use of the restroom if the business hours of the food service are different from the business with the restroom. (**All** of these items must be addressed and documented; incomplete plan submittals can delay approval.) Indicate which of the following is available at the restroom location:

- ☐ Hot water at hand-wash sink(s) at or above 100°F
- ☐ Hand washing cleanser: ☐ Liquid ☐ Powder ☐ Bar soap
- ☐ Hand drying provision: ☐ Disposable towels ☐ Heated-air drying device ☐ Continuous clean towel system
- ☐ Required sign or poster which notifies food employees to “wash their hands” clearly visible
- ☐ Key accessibility to restroom (if applicable)
- ☐ Distance from food service to restroom (in feet): \_\_\_\_\_
- ☐ Food service hours of operation: \_\_\_\_\_
- ☐ If seating is provided, then a plumbed restroom allowing customer access must be available within 200 feet.

Restroom Accessibility Information: Name of Business: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Business Hours of Operation: \_\_\_\_\_  
Email: \_\_\_\_\_  
What retail/service activity takes place at this facility? \_\_\_\_\_

Mobile Unit/Vendor Information: Name of Business: \_\_\_\_\_  
Owner/Operator: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Days/Time at Restroom: \_\_\_\_\_  
Email: \_\_\_\_\_

\_\_\_\_\_  
(Restroom Owner/Agent – Printed Name & Title)

\_\_\_\_\_  
(Mobile/Vendor – Printed Name & Title)

\_\_\_\_\_  
(Restroom Owner/Agent – Signature & Date)

\_\_\_\_\_  
(Mobile/Vendor – Signature & Date)

This agreement between the owner/agent of the restroom and the owner/vendor of the mobile food unit operation signifies that both parties agree to the allowed use of the restroom facilities as specified. **Note that this agreement is not transferable.** Should there be a change in ownership of either the restroom or mobile food unit owners, or should there be any modification or cancellation of this agreement between parties, then the Public Health – Seattle & King County Mobile Food Service Operators Permit may be suspended.

## Appendix F

### Mobile Food Unit Site Location or Route Change

The Mobile Food Unit (cart/vehicle/trailer) owner/operator must notify Public Health for approval each time there is a site location change. This requirement applies to those mobile food units temporarily or permanently relocating their operating site location, those changing their daily itinerary, and to those adding occasional additional weekend and/or Temporary Event sites to their route. Formal Public Health Seattle-King County Plan Review is not required, nor is a fee charged. Please complete this form and submit it to one of the following District Offices:

**Downtown Environmental Health:**

401 5<sup>th</sup> Ave, Suite 1100, Seattle, WA 98104      206-296-4632 (Office) 206-296-0188 (Fax)

**Eastgate Environmental Health:**

14350 SE Eastgate Way, Bellevue, WA 98007      206-296-9791 (Office) 206-296-9792 (Fax)

Mobile Food Unit/Vendor Information:

Name of Business: \_\_\_\_\_  
Owner/Operator: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Commissary Name/Address: \_\_\_\_\_  
Existing/Former operating site location address: \_\_\_\_\_

Site Location Change (For one location operations):

Proposed new/additional site location address: \_\_\_\_\_  
Date/Time at new/additional location: \_\_\_\_\_

Is this a one time change or a permanent move, explain: \_\_\_\_\_  
\_\_\_\_\_

Itinerary Changes (For those operations with multiple sites/routes):

Proposed new route (Include dates/times):

Location 1: \_\_\_\_\_  
Location 2: \_\_\_\_\_  
Location 3: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If more space is needed, then continue on backside of form.

\_\_\_\_\_  
(Mobile/Vendor – Printed Name & Title)

\_\_\_\_\_  
(Mobile/Vendor – Signature & Date)

**Restroom access for employees is required within 200 feet of the mobile food unit. Those operations with a permanent relocation change, and those with route stops of more than one hour, will require submittal of the Use of Restroom Agreement form (Appendix D).**

## Appendix G

### General Requirements for Mobile Food Units:

- ☐ Food preparation (including, but not limited to, cutting, chopping, slicing or similar food preparation activity) will not be allowed on the mobile unit and must occur at the commissary.
- ☐ Grilling or otherwise reheating for hot holding is only allowed for potentially hazardous foods that have been processed in a facility under Washington State Department of Agriculture (WSDA), US Food and Drug Administration (FDA) or US Department of Agriculture (USDA) inspection or foods that are cooked and cooled in the licensed commissary. Equipment for reheating must rapidly reheat within one (1) hour. Hot holding of reheated foods is not recommended. Reheating “to order” is a safer method and may be required.
- ☐ Mechanical refrigeration is required for all potentially hazardous foods. Cold potentially hazardous foods must be held less than 41° F. Thermometers must be visible in all refrigeration units. Pre-chilling the refrigeration units prior to loading is required.
- ☐ Facilities for hot holding must maintain 140° F or above. Mechanical units are required, either powered by propane, electricity or generators. Preheating the hot units prior to loading is required.
- ☐ All hot held potentially hazardous foods must be served the same day. **Cooling and reuse of leftover hot food is not allowed.**
- ☐ All foods must be protected from contamination, e.g. a sneeze guard or dome shields.
- ☐ Condiments must be in single service packages or dispenser bottles. Condiments not available in single service packaging and which can't be dispensed in bottles may be served in bulk provided that the condiment is non-potentially hazardous and there is a sneeze guard for food protection, e.g., sauerkraut.
- ☐ All food, equipment, utensils, paper products, water tanks and cleaning supplies must be stored on the mobile food unit or in the commissary; no additional tables, storage or cooking equipment (smoker, barbeque) is allowed off the frame of the mobile food unit. A waste container must be provided for waste generated by the mobile food unit operation.
- ☐ Mobile food units must maintain their mobility and return to the commissary on a daily basis for storage and cleaning as necessary. An alternative servicing support operation may be allowed but written procedures must be approved in advance by Public Health.
- ☐ A copy of the approved plans must be kept with the Mobile Food Unit and be available for the inspector.

### Specific Requirements for Enclosed Mobile Food Units:

- ☐ Cooking of raw meats is restricted to thin foods, such as, hamburger patties. Cooking of raw meats greater than one (1) inch in thickness is not allowed.
- ☐ Ventilation hoods are required for any grease producing cooking equipment. If deep fryers are utilized, a tight fitting, heat resistant cover shall be locked in place for safe transport of hot grease.
- ☐ **Occupied Mobile Food Units:** All occupied vehicles (commercial coaches) must obtain approval from Washington State Department of Labor and Industries (L&I). L&I rules and regulations govern the safety of body and frame design and the installation of plumbing, heating and electrical equipment. Contact the L&I Plans Examiner at (360) 902-5222 in Olympia for your packet of information on L&I plan review. Obtain L&I inspection and seal of approval prior to your plan review by the Health Department (black label affixed to the outside of the vehicle).

THE STATE OF WASHINGTON			
DEPARTMENT OF LABOR AND INDUSTRIES			
INSPECTED AND APPROVED TO THE RULES AND REGULATIONS FOR CONVERSION TENDOR UNIT OR SELF-PROPELLED MEDICAL UNITS, RCW 49.22.340. UNITS BEARING A DEPARTMENT INSIGNIA SHALL NOT HAVE IT'S PLUMBING, MECHANICAL OR ELECTRICAL EQUIPMENT AND INSTALLATIONS ALTERED UNLESS APPROVAL IS FIRST OBTAINED FROM THE DEPARTMENT OF LABOR AND INDUSTRIES. SELLER/CONVERTOR CERTIFIES TO COMPLIANCE OF UNIT.			
VENDOR NO.	F.A.L.	D	
MSN		DSN	
ELECTRICAL SERVICE & W/D	PLUMBING FIXTURES	HEATING AND/OR COOLING	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

***Specific Requirements for Non-Enclosed Mobile Food Units:***

- ☐ Juice extractors are not allowed because of the difficulty of cleaning them during operation.
- ☐ The cooking of raw proteins (beef, pork, poultry, seafood, etc) on the Mobile Food Unit **is not allowed**.
- ☐ **All hot held food items must be discarded at the end of the day, no cooling of these items will be allowed.**
- ☐ The number of menu items may be restricted due to mobile food unit size limitations.
- ☐ One ice chest is allowed for storage of non-potentially hazardous beverages.
- ☐ Reusable utensils (i.e., tongs, spoons, etc.) must be washed and sanitized at the commissary. If the commissary is not convenient to carry out constant ware washing, then extra clean and sanitized utensils must be loaded on the cart in a sanitary container and soiled utensils must be replaced. Store dirty utensils in a separate container for washing and sanitizing at the commissary.

***Specific Requirements for Mobile Food Units Serving Only Prepackaged Foods:***

- ☐ All preparation and packaging must be done at the commissary or another permitted commercial establishment.
- ☐ Mechanical refrigeration is preferred and may be required depending on menu (i.e., hazardous foods and length of business day). Re-freezable or dry ice may be utilized in an ice chest, the inside and outside must be smooth, cleanable and durable. (Styrofoam ice chests are not approved).
- ☐ No utensils are needed for prepackaged foods. The operator cannot open packages or handle unwrapped food. Only the customer can open the package.
- ☐ Prepackaged food must be properly labeled with the common name of the food; the label must contain a list of ingredients beginning with the most and ending with the least by weight, including all artificial color(s), flavor(s) and chemical preservatives the food contains; The label must also contain an accurate statement of the quantity of the packaged food, and the name and place of business of the manufacturer, packer, or distributor.
- ☐ Additional requirements for vehicles that stop at office buildings and sell prepackaged foods on multiple floors:
  - a) Mechanical refrigeration is preferred and may be required in the vehicle. Re-freezable ice packs may be utilized for multiple floor sales (no regular ice).
  - b) Hot holding is not permitted.
  - c) Condiments must be prepackaged single servings.

***Specific Requirements for Limited Food Service:***

- ☐ Commissary must be located within 200 feet of the Limited Food Service.
- ☐ Menu is limited to non-potentially hazardous foods, hot dogs, and espresso drinks.
- ☐ Juice extractors are not allowed because of the difficulty of cleaning them during operation.
- ☐ One ice chest is allowed for storage of non-potentially hazardous beverages.
- ☐ Reusable utensils (i.e., tongs, spoons, steamer pitchers, etc.) must be washed and sanitized at the commissary.

# Appendix H



2011

## APPLICATION TO OPERATE A PERMANENT FOOD SERVICE ESTABLISHMENT

### BUSINESS NAME AND ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email ADDRESS \_\_\_\_\_

MAILING ADDRESS (if different from above)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PLEASE RETURN THIS COMPLETED FORM WITH PAYMENT TO:

Public Health – Seattle & King County  
Downtown Environmental Health  
401 – 5<sup>th</sup> Avenue, Suite 1100E  
Seattle, WA 98104

#### OFFICE USE ONLY

PERMIT RECORD ID (PR#) \_\_\_\_\_

FACILITY NUMBER (FA#) \_\_\_\_\_

OWNER NUMBER (OW#) \_\_\_\_\_

PROGRAM ELEMENT (PE#) \_\_\_\_\_

PLAN REVIEW-SR (SR#) \_\_\_\_\_

VARIANCE \_\_\_\_\_ -SR \_\_\_\_\_ (SR #) \_\_\_\_\_

CHECK NUMBER \_\_\_\_\_

APPROVED ☐

DISAPPROVED ☐

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

DATE FACILITY OPENED \_\_\_\_\_

#### FEE SCHEDULE

(See reverse side of this form)

##### PRORATION FEES

Operating 4 or fewer months- 25% of fee \_\_\_\_\_

Operating more than 4 and up to 7 months- 50% of fee \_\_\_\_\_

Operating more than 7 and up to 10 months- 75% of fee \_\_\_\_\_

Operating more than 10 and up to 12 months- 100% of fee \_\_\_\_\_

PENALTY \_\_\_\_\_

FIELD PLAN REVIEW \_\_\_\_\_

TOTAL FEE DUE .....\$ \_\_\_\_\_

PERMIT YEAR IS APRIL 1<sup>ST</sup> THROUGH MARCH 31<sup>ST</sup>

### REQUIRED INFORMATION: Does your establishment qualify as a chain? Yes \_\_\_\_\_ No \_\_\_\_\_

Required 2010 Food Code Changes can be found at: [www.kingcounty.gov/health/healthyeating/](http://www.kingcounty.gov/health/healthyeating/)

A "chain food establishment" is one of at least 15 establishments within the United States doing business under the same name, collectively having at least \$1 million in gross annual sales and offering substantially the same menu items (80% or more) by number, regardless if under the same ownership or type of ownership.

If a general food service facility, indicate current seating capacity \_\_\_\_\_, are potentially hazardous foods served? Yes \_\_\_\_\_ No \_\_\_\_\_

Is time as temperature control used? Yes \_\_\_\_\_ No \_\_\_\_\_ Is a highly susceptible population served? Yes \_\_\_\_\_ No \_\_\_\_\_

If seasonal, list dates of operation: Opening \_\_\_\_\_ Closing \_\_\_\_\_

If grocery store, number of check-out stands \_\_\_\_\_

If you changed facility name, previous name: \_\_\_\_\_

Name of owner: \_\_\_\_\_

Billing Address : \_\_\_\_\_

City and Zip code: \_\_\_\_\_ Daytime phone number: \_\_\_\_\_

#### Permit Information:

- ☐ Permit Renewal
- ☐ New Operation
- ☐ Change of Name
- ☐ Ownership Change
- ☐ Classification Change

**IMPORTANT MESSAGE TO APPLICANT:** Failure to fully complete form may result in it being returned for completion. Your signature to this form attests to the accuracy of the information and that the food code will be complied with. Renewal applications are mailed each year in February. This office should be notified of any change in your mailing address. If you do not receive a renewal application by February 28<sup>th</sup>, please notify this office at the phone number listed on the back of this form. Late fees are charged if permits are not renewed prior to expiration.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

## Payment Information

☐ Check or Money Order PAYABLE TO: SKCDPH ☐ Cash (In-person only. Do not mail cash)

Amount Charged: \$ \_\_\_\_\_ Print Name on Credit Card: \_\_\_\_\_

☐ VISA Card Billing Address & ZIP \_\_\_\_\_

☐ MasterCard CARD NUMBER \_\_\_\_\_

☐ Discover CARD EXPIRES \_\_\_\_ / \_\_\_\_ 3 Digit Code (on back): \_\_\_\_

Required Signature: (as on Credit card) \_\_\_\_\_ Date \_\_\_\_\_

**Food Establishment Categories and Permit Fees 2011**  
**Effective 1/01/11- - 12/31/11**

**PERMIT CATEGORY**

	<b>Risk 1</b>	<b>Risk 2</b>	<b>Classification/Fee</b>	<b>Classification/Fee</b>	<b>Classification/Fee</b>
			<b>Risk 3</b>		
General Food service- 0-12 seats			6701 - \$332	6702 - \$554	6703 - \$768
General Food Service- 13-50 seats			6711 - \$336	6712 - \$562	6713 - \$810
General Food Service- 51-150 seats			6721 - \$344	6722 - \$590	6723 - \$865
General Food Service- 151-250 seats			6731 - \$357	6732 - \$604	6733 - \$917
General Food Service- over 250 seats			6741 - \$371	6742 - \$607	6743 - \$959
Limited Food service- no permanent plumbing			6757 - \$332	NA	NA
Bakery- no seating			6751 - \$332	6752 - \$554	6753 - \$768
Bed and Breakfast			6761 - \$332	NA	NA
Grocery Store- no seating			6765 - \$332	6766 - \$554	NA
Caterer			6771 - \$332	6772 - \$554	6773 - \$768
Meat/Fish Market			NA	NA	6777 - \$625
Vending Machine			6775 - \$332	NA	NA
Mobile Food Unit			6781 - \$332	6782 - \$554	6783 - \$768
Mobile Food Unit Commissary			6784 - \$143	6785 - \$229	6785 - \$229
Nonprofit Institution - unlimited seating, 501 (C)(3) status, Washington State Commission for the blind status, or municipal jail.			6735 - \$332	6736 - \$554	6737 - \$768
School Lunch Program			NA	6792 - \$443	NA

**PLAN REVIEW FEES**

New Construction	4 hour base fee (\$764 ) + \$191/hr after 4 hours
Remodel	3 hour base fee (\$573 ) + \$191/hr after 3 hours
Multiple plan review in one facility	3 hour base fee (\$573 ) + \$191/hr after 3 hours
Resubmitted plan review-billable	\$191/hr
Subsequent preoccupancy or field plan review	2 hour base fee (\$382 ) + \$191/hr after 2 hours
Changes to Mobile and Limited Food Service Establishments	\$382 + \$191/hr after 2 hours

**LATE FEES**

Annual permits 10-30 days	10%
Annual permits 31 days – 60 days	20%
Annual permits more than 60 days	30%
Seasonal permits	\$25

**MISCELLANEOUS FEES**

Duplicate permit	\$25
Permit Transfer ,Name Change, no other change	\$25
Request for variance	\$154
Check returned by bank	\$25
Processing a refund	\$25
After hours inspection	Cost of service

The applicant for a seasonal food establishment permit shall pay an annual permit fee prorated to a quarterly schedule.

Temporary Event Food Establishment fees are on the fee schedule on the Temporary Event application form.

<b>MAKE CHECKS PAYABLE TO:</b>	<b>SKCDPH</b>
<b>MAIL TO:</b>	<b>Public Health – Seattle &amp; King County</b>
	<b>Downtown Environmental Health</b>
	<b>401 - 5<sup>th</sup> Avenue, Suite 1100</b>
	<b>Seattle, WA 98104</b>
<b>PERMITS AND LICENSES PHONE:</b>	<b>206-296-2966 Fax- 206-205-0639</b>
<b>WEBSITE:</b>	<b><a href="http://www.kingcounty.gov/health/foodsafety">http://www.kingcounty.gov/health/foodsafety</a></b>